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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002211

1. Corporation Name

ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CITY FLORIDA, INCORPORATED

Principal Place of Business

RTE 21 BOX 469
LAKE CITY FL 32024
US

Mailing Address

RTE 21 BOX 469
LAKE CITY FL 32024
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/29/1994

4. FEI Number

53-2934165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CHRISTENSON, PAUL A.
27494-41ST ROAD
BRANFORD FL 32008**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **VPD**
NAME **PHILLIPS, BRIAN**
STREET ADDRESS **1500 COUNTRY CLUB RD #131**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **PD**
NAME **CHRISTENSON, PAUL**
STREET ADDRESS **27494 41ST RD**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **D**
NAME **PEPPER, SHERRY**
STREET ADDRESS **RTE. 9, BOX 752**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **TD**
NAME **HART, LINDA**
STREET ADDRESS **RT. 4 BOX 241-F**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D**
NAME **WAGNER, JOHN**
STREET ADDRESS **RTE 6 BOX 176**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D**
NAME **HAMILTON, JAMES**
STREET ADDRESS **RTE 7 BOX 235**
CITY-ST-ZIP **LAKE CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **VPD**
1.2 NAME **FRED Heinrich**
1.3 STREET ADDRESS **6165 Wiggins Rd**
1.4 CITY-ST-ZIP **Live Oak, FL 32060**

2.1 TITLE **D**
2.2 NAME **Lucille Heinrich**
2.3 STREET ADDRESS **6165 Wiggins Rd -**
2.4 CITY-ST-ZIP **Live Oak, FL 32060**

3.1 TITLE **D**
3.2 NAME **Brian Phillips**
3.3 STREET ADDRESS **21 Craig Avenue**
3.4 CITY-ST-ZIP **Lake City FL 32025**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE

Paul A. Christenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/99
Date

904-935-1570
Daytime Phone #

CR2E037 (11/98)